Sched	dule E)				PAGE 1 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
⊨na	Citizens United				C C00573261
					W M / D D / Y Y Y Y
Check i	if 24-hour report <b>X</b> 48-hour report	X New repo	oort Amends repo		W W / D D / Y = Y = Y
	I Name of Payee Sumbinner & Davies			_	of Public Distribution/Dissemination
					09 / 27 / 2016
IVIGI	illing Address 2001 S St NW			Amou	unt
City	Ste 301	State	Zip Code		45267.84
	y ashington	DC	20009-1164		saction ID : VSGDK9T2872 of Disbursement or Obligation
	rpose of Expenditure ostage and printing		Category/ Type		09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate		Support	Office Sough	ht: X House District: 01
Ro	odney Blum		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7	45267.84	Disbursemer 2016	nt For:
	Name of Payee lission Control			Date	of Public Distribution/Dissemination
				[	09 27 7 2016
Ma	illing Address 624 Hebron Ave			Amou	unt
	Bldg 3 Suite 200	01-1-	7'- 0-4-		17005.00
Gl	y lastonbury	State CT	Zip Code 06033-2470		17695.26  action ID: VSGDK9T23G1 of Disbursement or Obligation
	rpose of Expenditure ostage		Category/ Type		09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nai	me of Federal Candidate		Support	Office Sough	ht: K House District: 19
Jol	hn J. Faso		<b>X</b> Oppose	Presid	dent Senate State: NY
	Calendar Year-To-Date Per Election for Office Sought	, , ,	341521.19	Disbursemen 2016	nt For:
(a) (	CURTON A CHARLES A Independent Franchis				
(a) 3	SUBTOTAL of Itemized Independent Expenditure	<b>3</b> S		· ·	62963.10
(b) §	SUBTOTAL of Unitemized Independent Expendit	tures		·· •	7 1 7 1 7
(c) 1	TOTAL Independent Expenditures			· [	1411411
with,	er penalty of perjury I certify that the independe, or at the request or suggestion of, any candida y committee) any political party committee or its	ate or authorized	•		•
_	Brian Foucart	[Electron	nically Filed] Date	e 09	29 / Y = Y = Y = Y = Y
S	Signature				

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
End Citizens United					
	C C00573261				
Check if 24-hour report 48-hour report New report Amends in	report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination				
Mission Control	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 624 Hebron Ave	Amount				
Bldg 3 Suite 200	Amount				
City State Zip Code	24469.68				
Glastonbury CT 06033-2470	Transaction ID: VSGDK9T28Q8  Date of Disbursement or Obligation				
Purpose of Expenditure Printing (estimated amount)  Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Suppor	rt Office Sought: X House District: 19				
John J. Faso Oppose	President Senate State: NY				
Calendar Year-To-Date Per Election for Office Sought 341521.19	Disbursement For: Primary   General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Mundy Katowitz Media Inc	09 28 2016				
Mailing Address 1322 G St SE					
	Amount				
City State Zip Code	158112.12				
Washington DC 20003-3021	Transaction ID : VSGDK9T1GR3  Date of Disbursement or Obligation				
Purpose of Expenditure Media time buy  Category/ Type	M M / D D / Y Y Y Y				
Type	09 19 2016				
Name of Federal Candidate Support	rt Office Sought:    House District: 19				
John J. Faso Oppose	e President Senate State: NY				
Calendar Year-To-Date Per Election for Office Sought 341521.19	Disbursement For: Primary   2016  Other (specify)   ☐ General				
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 182581.80				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
(c) TOTAL Independent Expenditures	······				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political					
party committee) any political party committee or its agent.					
Brian Foucart	M = M / D = D / Y = Y = Y				
[Electronically Filed] Signature	Date 09 29 2016				
g					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LINDLINI LAI LINDI	TOTILO		PAGE 3 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
End Citizens United			С	C00573261
Check if 24-hour report 🗶 48-hour	report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Mundy Katowitz Media Inc			09	27 / 2016
Mailing Address 1322 G St SE			Amount	
City	State	Zip Code		73244.13
Washington	DC	20003-3021		ID: VSGDK9T1P08 ursement or Obligation
Purpose of Expenditure Media time buy		Category/ Type	M 09	19 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	X House District: 19
Zephyr Teachout		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	341521.19	Disbursement For: 2016 Other (sp	Primary <b>✗</b> General pecify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Precision Network LLC			09	27 2016
Mailing Address 1140 Connecticut Ave	e NW		Amount	
Ste 800				
City Washington	State DC	Zip Code 20036-4010		50000.00 D : VSGDK9T23N0
Purpose of Expenditure Digital production and media buy		Category/	Date of Disbi	ursement or Obligation  27 2016
Name of Federal Candidate		Cunnart	Office Sought	<b>★</b> House District: 19
John J. Faso		Support  Oppose	Office Sought:  President	House District: 19 Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		341521.19	Disbursement For: 2016 Other (sp	Primary <b>✗</b> General pecify) ▶
				,, <u> </u>
(a) SUBTOTAL of Itemized Independent	Expenditures		<b>&gt;</b>	123244.13
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		· •	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Brian Foucart	[Electron	ically Filed] Date	09 / 29	/ Y Y Y Y Y 2016
Signature				

Schedule E)		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
End Citizens United		C C00573261		
Check if 24-hour report	ort Amends report fi	led on MMM / DDD / YTYTY		
Full Name of Payee Silversmith Strategies		Date of Public Distribution/Dissemination		
		09 27 2016		
Mailing Address PO Box 21203		Amount		
City State	Zip Code	9000.00		
Washington DC	20009-0703	Transaction ID : VSGDK9T1GS1 Date of Disbursement or Obligation		
Purpose of Expenditure Production Expenses (estimated amount)	Category/ Type	09 / 27 / 2016		
Name of Federal Candidate	Support Of	fice Sought:   House District: 19		
John J. Faso	X Oppose	President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought	341521.19 Di	sbursement For: Primary   General  Other (specify)   Other		
Full Name of Payee Silversmith Strategies		Date of Public Distribution/Dissemination		
Silversimili Strategies		09 / 27 / 2016		
Mailing Address PO Box 21203		Amount		
City State	Zip Code	9000.00		
Washington DC	20009-0703	Transaction ID : VSGDK9T1P32  Date of Disbursement or Obligation		
Purpose of Expenditure Production Expenses (estimated amount)	Category/ Type	09 / 27 / 2016		
Name of Federal Candidate	Support Of	ffice Sought:    House District: 19		
Zephyr Teachout	Oppose [	President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary   General  Other (specify)    Other (specify)   ✓		
(a) SUBTOTAL of Itemized Independent Expenditures		18000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	·······			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•		
Brian Foucart [Electrons	ically Filed] Date	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Oignature	_			

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼				
End Citizens United	C C00573261			
	U			
Check if 24-hour report 48-hour report New report Ame	nds report filed on			
Full Name of Payee Wildfire Contact LLC	Date of Public Distribution/Dissemination			
	09 / 28 / 2016			
Mailing Address 400 E Court Ave	Amount			
Ste 126	Allouit			
City State Zip Code	15900.00			
Des Moines IA 50309-2000	Transaction ID: VSGDK9T23W6  Date of Disbursement or Obligation			
Purpose of Expenditure Postage  Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Si	upport Office Sought:    House District: 08			
Stewart Mills O	ppose President Senate State: MN			
Calendar Year-To-Date Per Election for Office Sought 37100.00	Disbursement For: Primary Seneral 2016 Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Wildfire Contact LLC	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 400 E Court Ave	09 20 2010			
Ste 126	Amount			
City State Zip Code	30000.00			
Des Moines IA 50309-2000	Transaction ID : VSGDK9T23X3  Date of Disbursement or Obligation			
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y			
Postage Type	09 27 2016			
Name of Federal Candidate S	upport Office Sought: 🗶 House District: 10			
Robert James Dold, Jr.	ppose President Senate State: IL			
Calendar Year-To-Date	Disbursement For: Primary X General			
Per Election for Office Sought 58000.00	2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	45900.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	······································			
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Brian Foucart [Electronically Filed] Signature	Date 09 29 2016			
Signature				

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
End Citizens United					
	C C00573261				
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay				
Full Name of Payee	Date of Public Distribution/Dissemination				
Wildfire Contact LLC	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 400 E Court Ave					
Ste 126	Amount				
City State Zip Code	28000.00				
Des Moines IA 50309-2000	Transaction ID : VSGDK9T28N2 Date of Disbursement or Obligation				
Purpose of Expenditure Printing (estimated amount)  Category/ Type	09 / 27 / 2016				
Name of Federal Candidate Support Offi	ce Sought: X House District: 10				
Robert James Dold, Jr. Oppose	President Senate State: IL				
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:  Primary				
Full Name of Payee	Date of Public Distribution/Dissemination				
Wildfire Contact LLC	09 27 2016				
Mailing Address 400 E Court Ave					
Ste 126	Amount				
City State Zip Code	21200.00				
Des Moines IA 50309-2000	Transaction ID : VSGDK9T28P0  Date of Disbursement or Obligation				
Purpose of Expenditure Printing (estimated amount)  Category/ Type	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Off	ice Sought:    House District: 08				
Stewart Mills Oppose	President Senate State: MN				
Calendar Year-To-Date Per Election for Office Sought  Dis 20	bursement For: Primary General  Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	49200.00				
(h) CUPTOTAL of Heirovicad Ind.					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	481889.03				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Brian Foucart  [Electronically Filed] Date	09 29 2016				
Signature	2010				